



PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS

Payor's Name & Address

Mr./Mrs./Ms./Miss Last Name _____ First Name _____

Mailing/Street Address _____

City/Town _____ Prov/State _____ Postal Code _____

Phone Number _____

Roll # _____ Utilities Account # _____

Payee's Name: **THE CORPORATION OF THE TOWN OF BLIND RIVER**

Payee's Processing Institution: **THE ROYAL BANK OF CANADA**

I/We have attached a specimen cheque marked "VOID" to this Payor authorization (the "Authorization").

I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the Pre-Authorized Debit (the "PAD").

I/We acknowledge that the Authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account, as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association.

I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.

I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association) drawn on the Account, for the following purpose:

Property Taxes – Installment Plan
Property Taxes – 10 month Plan
Property Taxes – 12 month Plan

Utilities – Annual Plan (1 payment)
Utilities – Quarterly Plan (4 payments)
Utilities – 12 month plan

Initial PAD amounts and start dates are show on the attached **PAD Information Sheet**.

I/We may cancel the Authorization at any time upon providing written notice to the Payee at least five business days before a scheduled PAD. The Payee may cancel the Authorization at anytime upon written notice to the Payor.

I/We acknowledge that provision and deliver of the Authorization to the Payee constitutes delivery by me/us to the Processing Institution. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by me/us.

The Payee will provide to me/us, at the address provided, written notice of the amount to be debited (the "Payment Amount") and the date(s) on which the Payment Amount debited will be posted to my/our Account (the "Payment Date"), at least 10 calendar days before the Payment Date of the PAD every time there is a change in the Payment Amount or the Payment Date(s).

I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honoring a PAD issued or caused to be issued by the Payee on the Account.

Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

I/We may dispute a PAD only under the following conditions:

- i. The PAD was not drawn in accordance with the Authorization;
- ii. The Authorization was revoked

I/We acknowledge that in order to be reimbursed a declaration to the effect that either (i) or (ii) took place, must be completed and presented to the branch of the Processing Institution holding the Account up to and including 90 calendar days after the date on which the PAD in dispute was posted to the Account.

I/We acknowledge that when disputing any PAD beyond the time allowed, it is a matter to be resolved solely between me/us and the Payee, outside the payments system.

I/We agree that the information contained in the Authorization may be disclosed to Royal Bank of Canada as required to complete any PAD transaction.

I/We understand and accept the terms of participating in this PAD plan.

I/We warrant and represent that the information above is accurate.

Authorized Signature

Authorized Signature (if joint account)

Client Name (Please print)

Client Name (Please print)

Date